



HUMAN GENOME SCIENCES, INC.

Please date stamp and return to addressee on reverse side

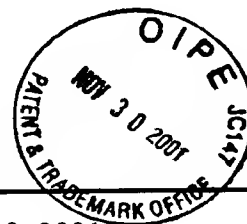
Applicants: SOPPET et al.

Docket No. PF201D2

Application No.: Unassigned

Filed: HEREWITH

Title: G-Protein Parathyroid Hormone Receptor HLT DG74



Documents Filed Via Hand Delivery on November 30, 2001

1. Two (2) Postcards (Return Receipt and Serial Number);
2. Utility Patent Application Transmittal Letter for Divisional Application (1 pg.);
3. Patent Application Fee Sheet (1 pg.)(in dup.);
4. 47 pages of specification; 4 pages of claims (20 claims); abstract (1 pg.); substitute sequence listing in paper (12 pages) and computer-readable form (CRF); Figures 1-3 (original informal, 6 sheets); and copy of executed Declaration (2 pp.);
5. Preliminary Amendment (8 pp.) & Version with Markings to Show Changes Made (6 pp.);
6. Information Disclosure Statement, and revised Form PTO/SB/08 (3 pp.);
7. Formal Drawings Figures 1A-1E, 2A-2B, 3A-3C (10 sheets).
8. **Copies of:** (a) Recordation of Assignment papers (5 pp) from prior Appl. SN 08/468,011; and (b) Associate Power of Attorney from prior Appl. SN 09/236,468; and (c) copy of Revocation of Prior Power of Attorney from prior Appl. SN 09/236,468.

KKH/IMM/DAS/lcc/kp - ATTN: LEGAL DEPT



American Type Culture Collection

12301 Parklawn Drive • Rockville, MD 20852 USA • Telephone: (301)231-5520 Telex: 898-055 ATCCNORTH • FAX: 301-770-2587

BUDAPEST TREATY ON THE INTERNATIONAL RECOGNITION OF THE DEPOSIT OF MICROORGANISMS FOR THE PURPOSES OF PATENT PROCEDURE

INTERNATIONAL FORM

RECEIPT IN THE CASE OF AN ORIGINAL DEPOSIT ISSUED PURSUANT TO RULE 7.3 AND VIABILITY STATEMENT ISSUED PURSUANT TO RULE 10.2

To: (Name and Address of Depositor or Attorney)

Human Genome Sciences, Inc.
Attention: Robert H. Benson
9410 Key West Avenue
Rockville, MD 20850

Deposited on Behalf of: Human Genome Sciences, Inc.

Identification Reference by Depositor:

ATCC Designation

DNA Plasmid, 693345 (HGS Docket PF201)

97186

The deposits were accompanied by: ☐ a scientific description ☐ a proposed taxonomic description indicated above.

The deposits were received June 1, 1995 by this International Depository Authority and have been accepted.

AT YOUR REQUEST:

☒ We will inform you of requests for the strains for 30 years.

The strains will be made available if a patent office signatory to the Budapest Treaty certifies one's right to receive, or if a U.S. Patent is issued citing the strains and ATCC is instructed by the United States Patent & Trademark Office or the depositor to release said strain.

If the cultures should die or be destroyed during the effective term of the deposit, it shall be your responsibility to replace them with living cultures of the same.

The strains will be maintained for a period of at least 30 years after the date of deposit, and for a period of at least five years after the most recent request for a sample. The United States and many other countries are signatory to the Budapest Treaty.

The viability of the cultures cited above was tested June 8, 1995. On that date, the cultures were viable.

International Depository Authority: American Type Culture Collection, Rockville, Md. 20852 USA

Signature of person having authority to represent ATCC:

Date: June 14, 1995

Annette L. Bade, Director, Patent Depository

cc: Greg D. Ferraro



Image

Use in lieu of PTO/SB/17 (08-03)
(Form updated to reflect FY 2004 fees effective 10/1/03)

<h1>FEE TRANSMITTAL</h1> <h2>for FY 2004</h2> <p><small>Effective 10/01/2003, Patent fees are subject to annual revision.</small></p>		Complete if Known	
		Application Number	09/996,569-Conf. #3798
		Filing Date	November 30, 2001
		First Named Inventor	Daniel R. Soppet
		Examiner Name	L. Spector
		Art Unit	1647
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	PF201D2
TOTAL AMOUNT OF PAYMENT (\$)		0.00	

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES	
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 08-3425 Deposit Account Name: Human Genome Sciences, Inc.			
The Director is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.			

FEE CALCULATION																											
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SUBMITTED BY		(Complete if applicable)	
Name (Print/Type)	Doyle A. Siever	Registration No. (Attorney/Agent)	47,088
Signature		Telephone	(240) 314-4400 x3595
		Date	March 11, 2004